

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	3					
5	3					
6	3					
7	3					
8	3					
9	1					
10	1					
11	1					
12	1					
13	1	21				
14	2					
15	3					
16	3					
17	3					
18	3					
19	3					
20	3	21				
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1	2				
31	3					
32	3	6				
33	1					
34	1					
35	1					
36	4					
37	1	4				
38	3					
39	3					
40	3					
41	3					
42	3	15				
43	1					
44	1	2				
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	77					
TOTAL CLAIMS	22					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS